

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES

GUIDANCE DOCUMENT

“This guidance document is advisory in nature but is binding on an agency until amended by such agency. A guidance document does not include internal procedural documents that only affect the internal operations of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules and regulations made in accordance with the Nebraska Administrative Procedure Act. If you believe that this guidance document imposes additional requirements or penalties on regulated parties, you may request a review of the document.”

Pursuant to
Neb. Rev. Stat. § 84-901.03

MEDICAID LONG-TERM CARE DOCUMENTATION GUIDE

The purpose of this document is to provide individuals and/or their representatives guidance on the documentation that should accompany a complete Medicaid application. Providing this documentation at the time an application is submitted is not required, but may result in a faster eligibility determination. This list is not all-inclusive. Additional documentation may be required later.

Information is required for both the applicant and spouse, if applicable. Anything owned individually or jointly needs to be reported to the Department of Health and Human Services (DHHS). To expedite the application process, signatures are needed from both the applicant and spouse even if the spouse is not applying for Medicaid.

Application Information:

Applicant Name:

- Marital Status (never married, married, separated, divorced, widowed) and effective date.
- Spouse information (if applicable): name, DOB, and Social Security Number. Include this information even if only one spouse is applying.

Previous Names Used:

- List any previous names applicant has used, including maiden name and nickname.

Living Arrangement:

- Mark the living arrangement which currently applies to the applicant. If applicant resides in a nursing home/assisted living, list the admission date.
- List the beginning and end dates of hospitalization if applicant was hospitalized prior to admission to the nursing home.
- List the anticipated length of stay, i.e., long-term, rehab, short-term, or swing bed.
- Indicate within comment section if Aged and Disabled Waiver services are being requested and/or if the applicant is needing additional information regarding this service.
- For Spousal Impoverishment only: Indicate the month and year either spouse began a length of stay in a facility for 30 days or more.

Household Expenses: (Information only needed for facility level of care applicants)

- If the applicant and/or spouse owns or rents a home, provide the monthly rent, mortgage statement, condominium, or association fee statements.
- If the applicant and/or spouse pays property taxes and/or homeowners' insurance, provide tax and/or insurance records.

Retroactive Benefits (Medicaid for past months):

- If applicant is requesting Retroactive Medicaid coverage (up to 3 months prior to the month of application), indicate which months you need help with medical bills. Financial information may be requested for these months.

Health Insurance:

- If applicant has health insurance of any kind, provide policy and premium verification. Examples of health insurance of any kind include, but are not limited to: long term care, cancer, Medicare supplemental insurance, healthcare, Medicare prescription, Medicare Advantage plan, vision, and dental.
 - Provide policy number/s, name and address of insurance companies, and who is covered by the policy on the application. Or provide copies of both sides of the insurance card for each policy.
 - Provide premium verification (this information may be found on a billing statement or bank statement).
 - If applicant has long term care insurance, provide the daily reimbursement rate for nursing home level of care, insurance company name, and policy number. Provide all pages of policy contract.

Income:

Wages:

- If the applicant and/or their spouse are employed, provide documentation from the employer of gross income by pay period for the current month and all months in which retroactive Medicaid is being requested. For example, applicant can provide pay stubs or a signed and dated employer statement.

Self-Employment:

- If applicant or their spouse are self-employed (including farming), provide ledgers or a copy of the most recently filed complete tax return, including all pages and schedules.

Pension, Office of Personnel Management (civil service)/DFAS (military retirement):

- If the applicant receives a pension, provide the most current award letter indicating the gross amount received, any deductions, and frequency.

Annuity:

- If the applicant receives an annuity, DHHS will provide a form to the applicant to be completed by the issuer. The form will verify the gross amount being received, how often it is received (monthly, quarterly, annually), and whether the applicant can withdraw principal from the annuity.
- Provide a copy of the original annuity application, contract, and issuance letter, and all related documents.
- Statements must include the issuance date, name of the owner on the annuity, name of the company which holds the annuity, and the account number.
- Annuity application, contract, and issuance letter are not needed for TIAA/CREF, Civil Service, or Military annuities/pensions.

Resources:

- Assets sold/traded/given away in the last 5 years may require documentation or bank statements.
- If the applicant liquidates assets to reduce their resources, this must be verified with financial institution statements.

Accounts (Bank/Nursing Home Trust/Direct Express/etc.):

- Bank statements may be requested.
- All statements must include the name of the institution, account owner's name, statement dates, current balance (within 30 days of Medicaid application date), and the account number for each account.
- Statements that only list the credits/debits will not be accepted.
- Monthly Direct Express statements often do not show the account balance and must be requested or verified via a conference call with the applicant, DHHS, and Direct Express.
- Facility trust accounts require verification. This can be provided in a statement or verbally from the nursing home facility.

Real Property:

- List current home address for applicant and spouse (and mailing address if different). Please include the facility name and address if one or both spouses are living in a nursing home.
- If the applicant or their spouse owns more than the home in which they or their spouse reside, provide verification of the value of the homes and any outstanding loans related to this property as well as a copy of the recorded deed(s). This requirement applies to every additional home or property.
- If income is received from property owned by applicant or spouse provide, documentation of income earned.
- If property is held in a life estate or related to self-employment for applicant and/or spouse, provide a copy of the recorded deed.
- If there has been a change in ownership of land or property in the last 5 years, provide a copy of the contract or recorded deed for verification.

Trusts:

- If the applicant is the grantor or beneficiary of a trust, provide a copy of all pages of the trust document, all amendments made to the trust, and verification of the trust's assets.
- If distributions are being made, provide verification of the amounts and purposes of the Trustee's distributions.

Life Insurance:

- If applicant has life insurance policies, provide a current statement or letter from the insurance company verifying the face and cash value of the policy.
- The letter must include the policy number, face and cash values, and loans. If there is no cash value to a term policy, the insurance company will also need to indicate this information in their letter.
- Cash value tables cannot be used as verification of the value of life insurance policies.

Burial:

- If the applicant has burial resources (trust, insurance, plot, etc.), provide a financial statement verifying the value of the trust, or a statement from the insurance company verifying the value of the policy and if it is assigned to the funeral home.
- If applicant owns a pre-need plan, provide a copy of the burial worksheet from the funeral home in addition to the sales contract.
- If applicant owns a burial plot or space, indicate how many plots and/or spaces, their location, and for whom they are designated (if more than one is owned).
- Burial trusts and insurance policies must have a contract to accompany them if they are over the current burial threshold.

Retirement Accounts:

- If applicant has a 401K, IRA, or other investment(s) with a financial institution, provide current account statements verifying the balance.
- If funds are not able to be withdrawn from retirement accounts by the applicant and/or spouse, a reason from the employer or financial institution is required.

Farm/Business Equipment, including livestock/poultry/crops:

- If applicant has a farm, business equipment, livestock, poultry, or crops, a statement from a licensed dealer, auctioneer, sale barn, or grain elevator is needed to verify its value.
- An operating loan statement can be used in verifying the equity value of farm assets.

Automobiles/Boats/Motor Homes:

- If applicant has an automobile, boat, motor home, etc. list these on the application along with any outstanding loans on said vehicle(s).
- If the vehicle(s) are registered in another state, provide ownership documentation from that state.

Misc. Resources:

- If applicant has land contracts, notes, or unpaid loans, provide a copy of all legal documentation associated with them.

Additional Information:

- Provide financial Power of Attorney paperwork, Guardianship or Conservatorship Orders from the court, or Authorized Representative documentation. The Authorized Representative can be indicated on the application, or request a MLTC-35/Authorized Representative form from DHHS.
- If the applicant is currently in a facility, provide the nursing home's private pay rate in addition to the Medicaid daily room rate (if available). Also indicate the month in which there is no payment source to the facility.
- If applicant is hospitalized and the discharge plan is for nursing home level of care, note this in the application's comment section.